

FILED MAR 22 1948
Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 624

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2275-Ashby Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9-Years (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME Minnie Frances DOWES
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Henry A. 6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased Jan. 12 1873
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 22 If less than one day hr. min.

9. Birthplace Tipton Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Albert Stemmer
13. Birthplace Tipton Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Phillips
15. Birthplace Independence Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Edith E. Albritten
(b) Address 2275-Ashby Rd-Overland-14-Mo.

17. (a) Cremation (b) Date thereof 3-8-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Charles H. Phillips

(b) Address 2504-Woodson Rd-Overland-14-Mo.

19. (a) 3-8-48 (b) Charles H. Phillips
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 91
(c) City or town Overland 13
(If outside city or town limits, write "RURAL")
(d) Street No. 2275-Ashby Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 5
year 1948 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 3 1947 to Mar 5 1948
that I last saw him alive on Mar 5 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Disease 1 day
Duration

Due to 932

Other conditions Hypertension, Cholesterol
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (d) Means of injury

23. Signature W. H. Phillips (M. D. or other)
Address 8924 St. Charles Rd Date signed 3/8/48
St. Louis 14, Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 3457

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3457
P. O. Address Overland 147me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.